

**Note: This is sample
template it is
not an OMB
approved form.**

Universal 911 Dialing- Second Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name
South Central Telephone Association, Inc.

Service Provider Name
South Central Telephone Association, Inc.

Company Address, City, State, Zip
100 South Main
P.O. Box B
Medicine Lodge, KS 67104

Service Provider Type	Wireless	Wireline
Wireline		

Name(s) of Wireless License Holder(s)

Contact Name
Sandra Waller, Manager

Contact Tel #
(620) 930-1001

Fax #
(620) 930-1050

E-mail Address
swaller@sctelcom.com

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Alfalfa County, Oklahoma

For each area listed above, identify the emergency response point to which calls are now being routed.

Calls are routed to the Alfalfa County Sheriff's office.

Section 3

Certification - To be signed by an authorized representative of the reporting entity

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _____.

Signature

Printed name of authorized representative

Title

Date

This filing is: ☒ original filing ☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.